

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/596,747

Filed: June 22, 2006

International Application No.: PCT/EP04/14307

I.A. Filing Date: December 15, 2004

Inventors: KLEE, et al.

Attorney Docket No.: 08563-0188

Title: ONE-PART SELF-ETCHING, SELF-PRIMING
DENTAL ADHESIVE COMPOSITION

Confirmation No.: 1046

Group Art Unit: 1751

Examiner: Unknown

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS

A Notification of Missing Requirements under 37 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US) was mailed on March 22, 2007 regarding the above-captioned patent application. In response, submitted concurrently herewith are an executed Oath or Declaration in compliance with 37 C.F.R. § 1.497(a) and (b), a corresponding Application Data Sheet identifying the international application number and international filing date, and the payment of the \$130 surcharge required by 37 C.F.R. § 1.492(h). It is submitted that the payment of the surcharge and the submission of the Oath or Declaration and Application Data Sheet satisfy the requirements of the Notification pursuant to 37 C.F.R. § 1.495. In addition to the Oath or Declaration, Powers of Attorney are also being submitted herewith.

In addition, the Notification indicated that additional claim fees of \$410 are required. Applicant submits that these additional claim fees are in error. Applicant notes that the Application, as filed, contains only three claims in excess of 20 (for which Applicant paid the proper fee of \$150) and not four claims in excess of 20 as asserted by the Office. In

addition, the Application, as filed, did not include any multiple dependent claims requiring a fee as asserted by the Office. Thus, Applicant submits that the additional claim fees are in error and should be withdrawn. However, if Applicant has made a mistake in their calculations, please charge the necessary fees to Deposit Account 50-1059 and identify to Applicant the specific claims, e.g., the multiple dependent claim, triggering the additional claim fees.

The Commissioner is authorized to charge any fees and credit any overpayments associated with this submission to Deposit Account No. 50-1059, from which the undersigned is authorized to draw.

Dated: May 8, 2007

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Respectfully Submitted,
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